ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

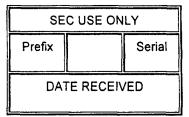


OMB APPROVAL

OMB Number: 3235-0076

Expires: May 31, 2005

Estimated average burden hours per response.. . 1



FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

Name of Offering (check if this is an amendment and r DragonWave Inc. 2004 Class B Preferred Share O		ed, and indicat	e change.)
Filing Under (Check box(es) that apply): [] Rule 504	[] Rule 505	[x] Rule 506	[] Section 4(6) [] ULOE
Type of Filing: [X] New Filing	[]	Amendment	

A. BASIC IDENTIFICATION DATA

1. Enter the information requested about the issuer

Name of Issuer (check if this is an amendment and name has changed, and indicate change.) DragonWave Inc.

Address of Executive Offices

(Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) 411 Legget Drive, Suite 600, Ottawa, ON K2K 3C9, Canada

(613) 599-9991



	A. BAS	IC IDENTIFICATION	N DATA	
Address of Principa Area Code) (if different from Ex	I Business Operations (Nu	umber and Street, City, S	tate, Zip Code)	Telephone Number (Incl.
	Business: DragonWave Incios for use by broadband w		high performance	, next-generation intelligent
Type of Business Organization				
[X] corporation	[] limited partnership, a	lready formed [] other	r (please specify):	
[] business trust	[] limited partnership, to	be formed		
Organization: on: (Enter tw	Date of Incorporation or o-letter U.S. Postal Service for other foreign jurisdiction		[X] Actua	ıl []Estimated

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a
 class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

	g partiter of partite	nomp locacio.		
Check Box(es) that [] Promoter Apply:	[x] Beneficial Owner	[] Executive Officer	[] Director []	General and/or Managing Partner
Full Name (Last name first, if indi Celtic House International	vidual)			
Business or Residence Address 555 Legget Drive, Suite 206, Ka		ind Street, City, State (3 Canada	e, Zip Code)	
Check Box(es) that [] Promoter Apply:	[] Beneficial Owner	[x] Executive Officer	[] Director []	General and/or Managing Partner
Full Name (Last name first, if indi	vidual)			
Business or Residence Address 3140 Barlow Cres. RR1, Dunrol		ind Street, City, State Canada	e, Zip Code)	
Check Box(es) that [] Promoter Apply:	[x] Beneficial Owner	[] Executive Officer	[] Director []	General and/or Managing Partner
Full Name (Last name first, if indi 3738272 Canada Inc.	ividual)			
Business or Residence Address c/o 600-411 Legget Drive, Kana		and Street, City, State Canada	e, Zip Code)	
Check Box(es) that [] Promoter Apply:	[x] Beneficial Owner	[] Executive Officer	[] Director []	General and/or Managing Partner
Full Name (Last name first, if ind Investors Group Trust Co. Ltd. Global Commerce Fund		vestors Global Scie	nce & Technology	Fund and Investors
Business or Residence Address 447 Portage Avenue, Winnipeg		and Street, City, State	e, Zip Code)	
Check Box(es) that [] Promoter Apply:	[x] Beneficial Owner	[] Executive Officer	[] Director []	General and/or Managing Partner

Full Name (Last name first, if individual) EDB Ventures Pte. Ltd.
Business or Residence Address (Number and Street, City, State, Zip Code) 270 North Bridge Road, #27-04 Raffles City Tower, Singapore 179101
Check Box(es) that [] Promoter [x] Beneficial [] Executive [] Director [] General and/or Apply: Owner Officer Managing Partner
Full Name (Last name first, if individual) Venture Coaches Fund L.P.
Business or Residence Address (Number and Street, City, State, Zip Code) 155-505 March Road Kanata, ON K3K3A4 Canada
Check Box(es) that [] Promoter [] Beneficial [] Executive [x] Director [] General and/or Apply: Owner Officer Managing Partner
Full Name (Last name first, if individual) Haw, Claude
Business or Residence Address (Number and Street, City, State, Zip Code) 109 Rushing Brooke Drive Carp, Ontario K0A 1L0 Canada
Check Box(es) that [] Promoter [] Beneficial [] Executive [x] Director [] General and/or Apply: Owner Officer Managing Partner
Full Name (Last name first, if individual) Allen, Peter
Business or Residence Address (Number and Street, City, State, Zip Code) 13 Spring Cress Drive Nepean, Ontario K2R 1A6 Canada
Check Box(es) that [] Promoter [x] Beneficial [] Executive [] Director [] General and/or Apply: Owner Officer Managing Partner
Full Name (Last name first, if individual) Enterprise Partners V, L.P.
Business or Residence Address (Number and Street, City, State, Zip Code) 2223 Avenida de la Playa, Suite 300, LaJolla CA 92037
Check Box(es) that [] Promoter [x] Beneficial [] Executive [] Director [] General and/or Apply: Owner Officer Managing Partner
Full Name (Last name first, if individual) Enterprise Partners VI, L.P.
Business or Residence Address (Number and Street, City, State, Zip Code) 2223 Avenida de la Playa, Suite 300, LaJolla CA 92037

Check Box(es) that [] Promoter [Apply:	x] Beneficial Owner	[]	Executive Officer	[]	Director	[]	General and/or Managing Partner
Full Name (Last name first, if individual Wesley Clover Corporation	dual)						
Business or Residence Address 555 Legget Drive, Tower B, Suite			treet, City, State K 2X3 Canada	, Zip	Code)		
Check Box(es) that [] Promoter [Apply:	x] Beneficial Owner	[]	Executive Office	r []	Director	[]	General and/or Managing Partner
Full Name (Last name first, if individed Skylon Advisors Inc. as agent for		count	of VentureLink	Fun	d Inc.		
Business or Residence Address 151 Younge Street, Suite 906, To	(Number ronto, ON M5	and S C 2W	Street, City, State 7 Canada	, Zip	Code)		
Check Box(es) that [] Promoter [Apply:	Beneficial Owner	[×]	Executive Office	r[]	Director	[]	General and/or Managing Partner
Full Name (Last name first, if individed Matthews, Terence H.	dual)						
Business or Residence Address 3 Oakeswood Lane, Kanata, ON			Street, City, State	, Zip	Code)		
Check Box(es) that [] Promoter [Apply:	Beneficial Owner	[x]	Executive Office	r[]	Director	[]	General and/or Managing Partner
Full Name (Last name first, if individe Farrar, David	dual)						
Business or Residence Address 12 Parkland Court, Nepean, ON			Street, City, State	, Zip	Code)		
Check Box(es) that [] Promoter Apply:	Beneficial Owner] Executive Officer	[×] Director	[]	General and/or Managing Partner
Full Name (Last name first, if individe Partovi, Naser	dual)						
Business or Residence Address 1640 El Camino Del Teatro, LaJo	•		Street, City, State	e, Zip	Code)		
Check Box(es) that [] Promoter Apply:	Beneficial Owner	1	x]Executive Officer	[]	Director	[]	General and/or Managing Partner
Full Name (Last name first, if indivi	dual)						
Business or Residence Address 53 Shaughnessy Crescent Kanat			Street, City, State 1 Canada	e, Zip	Code)		

Check Box(es) that [] Promoter Apply:	[x] Beneficial Owner	[] Executive Officer	[x] Director	[] General and/or Managing Partner
Full Name (Last name first, if indivi	dual)			
Business or Residence Address 1339 Scharfgate Drive, Manotick		nd Street, City, Stat Canada	te, Zip Code)	
Check Box(es) that [] Promoter Apply:	[] Beneficial Owner	[x] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name first, if indiving McCormack, Brian	idual)			
Business or Residence Address 2585 The Fifth Fairway, Roswell	•	nd Street, City, Stat	te, Zip Code)	
(Use blank sheet,	or copy and use	additional copies	of this sheet,	as necessary.)

	[All d	ollars	conve	erted fr				ON ABC			e rate	on i	Vov	ember 2	2, 2004.]
	Has t	he iss	uer sold	l, or doe	s the iss	uer inter	nd to sel	l, to non	-accredit	ed inve	stors in t	his	Y	es]	No [X]
					Answer	also in A	ppendix	, Columi	n 2, if filii	ng unde	r ULOE.		٠	•	
2.	What	is the	minimu	ım inves	tment th	at will be	e accept	ed from	any indi	vidual?		•••	\$	N/A	
3.	Does	the o	ffering p	ermit joi	int owne	rship of	a single	unit?				•••	Y€ [No [x]
4.	direct purch is an with a to be	tly or nasers assoc a state listec	indired in conr ciated po e or state d are as	etly, any nection verson or es, list the sociated	commy commy commy comment of the com	ission of second a broke of the broke of the broke of such as of s	or simila urities in er or de roker or h a brol	ho has bar remu the offe ealer reg dealer. ker or de	neration ering. If a istered v If more t ealer, yo	for so a person vith the han five ou may s	licitation to be lis SEC an (5) pers set forth	of sted d/or sons the		N/A	
Fu	ll Nam	e (Las	st name	first, if ir	ndividual	i)									
Bu	siness	or Re	esidence	Addres	ss	(Numb	per and S	Street, C	ity, State	e, Zip Co	ode)				
Na	me of	Assoc	ciated Br	roker or	Dealer										10 10 10 10 10 10 10 10 10 10 10 10 10 1
								to Solici				וו	All	States	
[Al		AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[H		[ID]	
-		IN]	[AI]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[M	S]	[OM]	
[M]		NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[0	-	[PA]	
[RI Fu		SC] e (Las	[SD] st name	[TN] first, if ir	[TX] ndividual	[UT])	[VT]	[VA]	[WA]	[WV]	[WI]	<u>[W</u>	<u>' T J</u>	[PR]	
Bu	siness	or Re	esidence	Addres	S	(Numb	er and s	Street, C	ity, State	e, Zip Co	ode)				
Na	me of	Assoc	ciated B	roker or	Dealer										
						icited or States).		to Solici	t Purcha			[]	All	States	
[Al		AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[H	1]	[ID]	
[IL	-	IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[M	-	[MO]	
[M]		NE] SCI	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[DN] [AW]	[HO]	[OK] [W]	O]	R] 171	[PA]	

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OR PROCEEDS [All dollars converted from Canadian dollars at 0.81820 exchange rate on November 2, 2004.]

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box [] and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	·	
	Type of Security	Aggregate Offering Price*	Amount Already Sold *
	Debt	\$. \$
	Equity	\$ <u>3,272,800</u>	\$ <u>3,004,690</u>
	[] Common [x] Preferred Convertible Securities (including warrants):	\$	\$
	Partnership Interests	\$	
	Other (Specify).	\$	\$
	Total	\$ <u>3,272,800</u>	\$3,004,690
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
			Aggregate Dollar
		Number of Investors	Amount of Purchase
	Accredited Investors	7	\$3,004,690
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under <u>Rule 504</u> or <u>505</u> , enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.	Type of	Dollar
	Type of offering	Security	Amount Sold
	Rule 505		
	Regulation A		
	Rule 504		
	Total	· · · · · · · · · · · · · · · · · · ·	

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OR PROCEEDS [All dollars converted from Canadian dollars at 0.81820 exchange rate on November 2, 2004.]

4. a. Furnish a statement of all expenses in connection with the issuance	
and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is	e s
not known, furnish an estimate and check the box to the left of the estimate.	9
Transfer Agent's Fees Printing and Engraving Costs Legal Fees Accounting Fees Engineering Fees Sales Commissions (specify finders' fees separately) Other Expenses (identify) Blue Sky Total	[]\$
b. Enter the difference between the aggregate offering price given in response to Part C- Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."	e #0.004.400
5. Indicate below the amount of the adjusted gross proceeds to the issue used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equathe adjusted gross proceeds to the issuer set forth in response to Part C Question 4.b above.	e e al - Payments to
	Officers, Directors To Others
Salaries and fees	[]\$[]
Purchase of real estate	[]\$[]\$
Purchase, rental or leasing and installation of machinery and equipment	[]\$[]\$
Construction or leasing of plant buildings and facilities	[]\$[]\$
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the	r 1 0
assets or securities of another issuer pursuant to a merger).	[]\$[]\$
Repayment of indebtedness	[]\$
Working capital	[] \$ [x] \$ <u>2,984,190</u>
Other (specify):	[]\$[]\$
Column Totals	[] \$ [x] \$ <u>2,984,190</u>
Total Payments Listed (column totals added)	[x] \$2,984,190

	Ď.	FED	ERAL	. SIGN	ATURE
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The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under <u>Rule</u> 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of <u>Rule</u> 502.

Issuer (Print or Type)	Signature	Date		
DragonWave Inc.	And the second	11/17/04		
Name of Signer (Print or Type)	Title of Signer (Print or Type)			
Russeli Frederick	Vice President and Chief Financial Officer			

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E. STATE SIGNATURE 1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification Yes No provisions of such rule? [] [x]

NOT APPLICABLE TO RULE 506 OFFERINGS OF FEDERAL COVERED SECURITIES UNDER THE PROVISION OF SECTION 18(b)(4)(D) OF THE SECURITIES ACT OF 1933, AS AMENDED BY NSMIA.

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
- The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filled and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

NOT APPLICABLE TO RULE 506 OFFERINGS OF FEDERAL COVERED SECURITIES UNDER THE PROVISION OF SECTION 18(b)(4)(D) OF THE SECURITIES ACT OF 1933, AS AMENDED BY NSMIA.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

issuer (Print or Type) DragonWave inc.	Signature Date November 17, 2004
Name of Signer (Print or Type) Russell Frederick	Title (Print or Type) Vice President and Chief Financial Officer

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	2		3	4			5			
	Intend to sell									
	to			Type of security and aggregate offering price offered in state Type of investor and amount purchased in State					alification	
	non-							under State		
	accredited		and aggregate					ULOE		
	investors in State							(if yes, attach explanation of		
	State (Part B-Item		(Part C-Item 1)	(Part C-Item 2)					waiver granted) (Part E-Item 1)	
	1)		, ,							
				Number of Number of						
			Convertible Notes and	Accredited		Non-Accredited				
State	Yes	No	Warrants	Investors	Amount	Investors	Amount	Yes	No	
AL					# 					
AK										
AZ					-					
AR										
CA			Class B Preferred Shares	2	\$1,982,386					
CO										
СТ										
DE			,							
DC										
FL										
GA										
HI										
ID										
IL										
IN										
LIA.										
KS										
KY										
LA										
ME										
MD										
MA										
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MN										
MS										
МО										

APPENDIX

1	2		3	4				5	
	Intend to sell to non- accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No	Convertible Notes and Warrants	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
MT									
NE									
NV									
NH									
NJ									
NM									
NY									
NC									
ND									
ОН									
ОК									
OR									
PA									
RI									
SC									
SD									
TN									
TX									
UT									
VT									
VA									
WA									
WV									
WI									
WY									
PR									